

<input checked="" type="checkbox"/>	Rejected	<input type="checkbox"/>	(Through numeral) Cancelled	<input type="checkbox"/>	Non-Elected	<input type="checkbox"/>	Appeal
<input checked="" type="checkbox"/>	Allowed	<input checked="" type="checkbox"/>	Restricted	<input type="checkbox"/>	Interference	<input type="checkbox"/>	Objected

Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
1		51		101	
2	✓	52		102	
3	✓	53		103	
4	✓	54		104	
5	✓	55		105	
6	✓	56		106	
7	✓	57		107	
8	✓	58		108	
9	✓	59		109	
10	✓	60		110	
11		61		111	
12	✓	62		112	
13	✓	63		113	
14		64		114	
15		65		115	
16		66		116	
17		67		117	
18		68		118	
19		69		119	
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21		71		121	
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37		87		137	
38		88		138	
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47		97		147	
48		98		148	
49		99		149	
50		100		150	

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